

FEB 12 2008

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the National Stage Application of:

John Michael ROLL et al

Appl. Serial No. 10/541,636

Filed: July 5, 2005

For: VALVE

From: PCT/GB2003/005706

Attorney Docket No. P03655US00 (AAF-02)

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: Art Unit: 3753  
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: Examiner: Andrew J. Rost  
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: Confirmation No. 4093  
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:Certificate of Facsimile Transmission Under 37 C.F.R. §1.8(a)

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Facsimile Number: 571-273-8300Number of Sheets: 10February 12, 2008  
Date of Certificate  
By: Dawn UnderwoodRESPONSE UNDER 37 C.F.R. §1.116

This Response Under 37 C.F.R. §1.116 is submitted in response to the Office Letter mailed October 16, 2007, in the above-captioned Application for which the three-month shortened statutory period for response expired January 16, 2008.

This Response is submitted within the first month extension of the period for response and payment of the \$120 fee therefor is provided for herein. The one month extension period would expire on Saturday, February 16, 2008, and so this Response is timely filed if filed on or before Monday, February 18, 2008, the first business day thereafter.

Telephone Interview:

Examiner Rost is thanked for extending the courtesy of a Telephone Interview on February 7, 2008.

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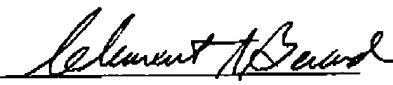
P03655US00 (AAF-02)

PATENT APPLICATION  
Serial No. 10/541,636

|  |   |
|--|---|
| <b>FEE TRANSMITTAL</b>                               | <i>Complete if known</i>                              |
|  | Application Number: <b>10/541,636</b>                 |
|  | Filing Date: <b>July 5, 2005</b>                      |
|  | First Named Inventor: <b>John Michael ROLL et al.</b> |
|  | Group Art Unit: <b>3753</b>                           |
|  | Examiner Name: <b>Andrew J. Rost</b>                  |
| TOT. AMT. OF PAYMENT: (1)+(2)+(3) = \$ <b>120.00</b> |   |
| Attorney Docket Number: <b>P03655US00 (AAF-02)</b>   |   |

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
|---|---|-----------------|--------------------|-----------------------------------|-------------------|--|------------------|---------------------------|--------------------|--|------------------------|--|------------------------------|---|-------|---|------------|--|---------------|---|-------|--|---------------------------------|------------------|-------|--|-------|--------------------------|-------|---|---------------------|--|-------|--|-------------------------------|-----------|-------|-------------------------------|-------|---|-------|--|---------------------------|--|-------|---|----------------------|--|-------|---------------------|--|---------------------|-------|-------------------------------|---|--|--|--|--|--|--|--|---------------------|--|--|-----------------|--|
| <p>1. The Commissioner is hereby authorized to:</p> <p><input checked="" type="checkbox"/> Charge indicated fees</p> <p><input checked="" type="checkbox"/> Charge additional fees</p> <p><input checked="" type="checkbox"/> Credit overpayments</p> <p>to the account of: <b>DANN, DORFMAN, HERRELL &amp; SKILLMAN, P.C.</b></p> <p>Deposit Account Number: <b>04-1406</b></p> <p>2. Payment enclosed:</p> <p>Checks in the amount of: \$ _____</p> <p>Check Nos.: _____</p>  | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Surcharge-late filing fee or oath</td><td>_____</td></tr> <tr><td>Surcharge - late provisional filing fee or cover sheet</td><td>_____</td></tr> <tr><td>Non-English specification</td><td>_____</td></tr> <tr><td>For filing a request for reexamination</td><td>_____</td></tr> <tr><td>Requesting publication of SIR prior to Examiner action</td><td>_____</td></tr> <tr><td>Requesting publication of SIR after Examiner action</td><td>_____</td></tr> <tr><td>Extension for response within first month</td><td><b>120</b></td></tr> <tr><td>Extension for response within second month</td><td>_____</td></tr> <tr><td>Extension for response within third month</td><td>_____</td></tr> <tr><td>Extension for response within fourth month</td><td>_____</td></tr> <tr><td>Notice of Appeal</td><td>_____</td></tr> <tr><td>Filing a brief in support of an appeal</td><td>_____</td></tr> <tr><td>Request for oral hearing</td><td>_____</td></tr> <tr><td>Petition to institute a public use proceeding</td><td>_____</td></tr> <tr><td>Petition to revive unavoidably abandoned application</td><td>_____</td></tr> <tr><td>Petition to revive unintentionally abandoned application</td><td>_____</td></tr> <tr><td>Issue fee</td><td>_____</td></tr> <tr><td>Petitions to the Commissioner</td><td>_____</td></tr> <tr><td>Petitions related to provisional applications</td><td>_____</td></tr> <tr><td>Submission of Information Disclosure Stmt.</td><td>_____</td></tr> <tr><td>Recording each patent assignment per property (times number of properties)</td><td>_____</td></tr> <tr><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td>_____</td></tr> <tr><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td>_____</td></tr> <tr><td>Other fee (specify)</td><td>_____</td></tr> <tr><td>Other fee (specify)</td><td>_____</td></tr> <tr><td colspan="2"><b>SUBTOTAL (3) \$ 120.00</b></td></tr> </tbody> </table> | Fee Description | Fee Paid           | Surcharge-late filing fee or oath | _____             | Surcharge - late provisional filing fee or cover sheet | _____            | Non-English specification | _____              | For filing a request for reexamination | _____                  | Requesting publication of SIR prior to Examiner action | _____                        | Requesting publication of SIR after Examiner action | _____ | Extension for response within first month | <b>120</b> | Extension for response within second month | _____         | Extension for response within third month | _____ | Extension for response within fourth month | _____                           | Notice of Appeal | _____ | Filing a brief in support of an appeal | _____ | Request for oral hearing | _____ | Petition to institute a public use proceeding | _____               | Petition to revive unavoidably abandoned application | _____ | Petition to revive unintentionally abandoned application | _____                         | Issue fee | _____ | Petitions to the Commissioner | _____ | Petitions related to provisional applications | _____ | Submission of Information Disclosure Stmt. | _____                     | Recording each patent assignment per property (times number of properties) | _____ | Filing a submission after final rejection (37 CFR 1.129(a)) | _____                | For each additional invention to be examined (37 CFR 1.129(b)) | _____ | Other fee (specify) | _____                                      | Other fee (specify) | _____ | <b>SUBTOTAL (3) \$ 120.00</b> |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Fee Description   | Fee Paid  |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Surcharge-late filing fee or oath   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Surcharge - late provisional filing fee or cover sheet  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Non-English specification   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| For filing a request for reexamination  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Requesting publication of SIR prior to Examiner action  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Requesting publication of SIR after Examiner action   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Extension for response within first month   | <b>120</b>  |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Extension for response within second month  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Extension for response within third month   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Extension for response within fourth month  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Notice of Appeal  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Filing a brief in support of an appeal  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Request for oral hearing  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Petition to institute a public use proceeding   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Petition to revive unavoidably abandoned application  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Petition to revive unintentionally abandoned application  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Issue fee   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Petitions to the Commissioner   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Petitions related to provisional applications   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Submission of Information Disclosure Stmt.  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Recording each patent assignment per property (times number of properties)  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Filing a submission after final rejection (37 CFR 1.129(a))   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| For each additional invention to be examined (37 CFR 1.129(b))  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Other fee (specify)   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Other fee (specify)   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| <b>SUBTOTAL (3) \$ 120.00</b>   |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| <p><b>FEE CALCULATION</b></p> <p>1. FILING FEE</p> <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Utility filing fee</td><td>_____</td></tr> <tr><td>Design filing fee</td><td>_____</td></tr> <tr><td>Plant filing fee</td><td>_____</td></tr> <tr><td>Reissue filing fee</td><td>_____</td></tr> <tr><td>Provisional filing fee</td><td>_____</td></tr> <tr><td colspan="2"><b>SUBTOTAL (1) \$ _____</b></td></tr> </tbody> </table> <p>2. CLAIMS</p> <table border="1"> <thead> <tr> <th></th> <th>Extra</th> <th>Fee</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims:</td><td></td><td></td><td></td></tr> <tr><td>Presented: 18 - 22 = 0 x 0.00 =</td><td></td><td></td><td><b>\$0.00</b></td></tr> <tr><td>(a)</td><td></td><td></td><td></td></tr> <tr><td>Independent Claims:</td><td></td><td></td><td></td></tr> <tr><td>Presented: 4 - 4 = 0 x 0.00 =</td><td></td><td></td><td><b>\$0.00</b></td></tr> <tr><td>(b)</td><td></td><td></td><td></td></tr> <tr><td>Multiple Dependent Claim:</td><td></td><td></td><td></td></tr> <tr><td>(first presentation)</td><td></td><td></td><td></td></tr> <tr><td>(a) Enter 20 or number previously paid for</td><td></td><td></td><td></td></tr> <tr><td>(b) Enter 3 or number previously paid for</td><td></td><td></td><td></td></tr> <tr><td colspan="3"></td><td></td></tr> <tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td><b>\$ 00.00</b></td></tr> </tbody> </table> | Fee Description   | Fee Paid        | Utility filing fee | _____                             | Design filing fee | _____  | Plant filing fee | _____                     | Reissue filing fee | _____                                  | Provisional filing fee | _____  | <b>SUBTOTAL (1) \$ _____</b> |   |       | Extra                                     | Fee        | Fee Paid                                   | Total Claims: |   |       |  | Presented: 18 - 22 = 0 x 0.00 = |                  |       | <b>\$0.00</b>                          | (a)   |                          |       |   | Independent Claims: |  |       |  | Presented: 4 - 4 = 0 x 0.00 = |           |       | <b>\$0.00</b>                 | (b)   |   |       |  | Multiple Dependent Claim: |  |       |   | (first presentation) |  |       |                     | (a) Enter 20 or number previously paid for |                     |       |                               | (b) Enter 3 or number previously paid for |  |  |  |  |  |  |  | <b>SUBTOTAL (2)</b> |  |  | <b>\$ 00.00</b> |  |
| Fee Description   | Fee Paid  |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Utility filing fee  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Design filing fee   | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Plant filing fee  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Reissue filing fee  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Provisional filing fee  | _____   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| <b>SUBTOTAL (1) \$ _____</b>  |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
|   | Extra   | Fee             | Fee Paid           |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Total Claims:   |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Presented: 18 - 22 = 0 x 0.00 =   |   |                 | <b>\$0.00</b>      |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| (a)   |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Independent Claims:   |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Presented: 4 - 4 = 0 x 0.00 =   |   |                 | <b>\$0.00</b>      |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| (b)   |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| Multiple Dependent Claim:   |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| (first presentation)  |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| (a) Enter 20 or number previously paid for  |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| (b) Enter 3 or number previously paid for   |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
|   |   |                 |                    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |
| <b>SUBTOTAL (2)</b>   |   |                 | <b>\$ 00.00</b>    |                                   |                   |  |                  |                           |                    |  |                        |  |                              |   |       |   |            |  |               |   |       |  |                                 |                  |       |  |       |                          |       |   |                     |  |       |  |                               |           |       |                               |       |   |       |  |                           |  |       |   |                      |  |       |                     |  |                     |       |                               |   |  |  |  |  |  |  |  |                     |  |  |                 |  |

Submitted By:

Typed or Printed Name: **Clement A. Berard**Reg. Number: **29,613**Signature: Date: **February 12, 2008**

Deposit Account ID

**04-1406**

FEB 12 2008

P03655US00 (AAF-02)

PATENT APPLICATION  
Serial No. 10/541,636

In the Interview, the Examiner agreed that claim 20 would be allowable for the same reasons that claims 9 and 22 were allowed if claim 20 is re-written in independent form including the limitations of claim 14. Applicant has so re-written claim 20 herein.

The Examiner agreed to prepare an official Interview Summary for the record.

Entry of Response:

Entry of this Response is believed proper because it cancels the rejected claims and amends all the remaining dependent claims to depend from an allowed/allowable independent claim, and so is believed to place the Application in condition for allowance.

Entry of this amendment and allowance of all of remaining claims 2-7, 9-13, 15-18, 20 and 22 is proper and such action is solicited.